

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-022947

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

Amended

Registration District No. **352** Primary Registration District No. Registrar's No. **50**

FILED JUN 3 1963

VS 300
Rev. 4/59

1 **1060**

2 **1060**

3

4 **1**

5 **2**

6

7 **1**

8 **3**

9331X

10

11

12 **90-0**

13 **1-0**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Taney	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Taneyville		c. CITY OR TOWN Taneyville	
Length of stay in 1b years		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION home		d. STREET ADDRESS (If outside, give location) rural	
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First May G. Middle BEALL Last		4. DATE OF DEATH Month May Day 27 Year 1963	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/12/1863
9. AGE (last birthday) 99		IF UNDER 1 YEAR Months 11 Days 15 Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY housekeeper	
11. BIRTHPLACE (City and state or country) Wilkes-Barre, Penn. USA		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Edwards		13b. MOTHER'S MAIDEN NAME Elizabeth Brace	
14. NAME OF HUSBAND OR WIFE Mrs. Tullie Reynold, Taneyville, Mo.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT Mrs. Tullie Reynold, Taneyville, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH 6 hrs 2 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	Month, Day, Year 		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE 	
21. I attended the deceased from May 28-63 to May 27-63 and last saw her alive on 5-27-63 Death occurred at 10 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harley J. Moore MD		22b. ADDRESS Lawrence Mo	
22c. DATE 6/3/1963		22d. DATE SIGNED 5-29-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/3/1963	23c. NAME OF CEMETERY OR CREMATORY Dickens Cemetery	
23d. LOCATION (City, town, or county) Taneyville, Missouri			
24. FUNERAL DIRECTOR Walter Cobb	25. DATE RECD. BY LOCAL REG. 6-1-63	26. REGISTRAR'S SIGNATURE Salaw Campbell	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

JUN 11 1963

AUG 1 1963

FEB 14 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Walter Cook

Licensed Embalmer No. 4731

P. O. Address

Beaumont, Tex

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.